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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MT 100
First Named Inventor	Stephen T. Sonis
COMPLETE IF KNOWN	
Application Number	09 / 265,299
Filing Date	March 9, 1999
Group Art Unit	1614
Examiner Name	Delacroix Muirheid, C.

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING AND PREVENTING MUCOSITIS

(Title of the Invention)

the specification of which

is attached hereto
OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International (if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/077,977	03/13/1998	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Name Patrea L. Pabst; Arnall Golden & Gregory, LLP

Address 2800 One Atlantic Center

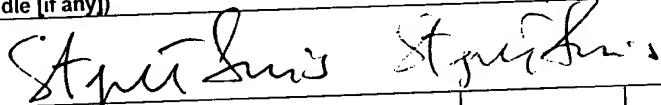
Address 1201 West Peachtree Street

City Atlanta	State GA	ZIP 30309-3450
Country USA	Telephone (404) 873-8794	Fax (404) 873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
----------------------------------	---

Given Name Stephen T. (first and middle [if any])	Family Name Sonis or Surname
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Inventor's Signature 	Date 2/15/01
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Residence: City Wayland	State MA	Country US	Citizenship US
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Mailing Address Eight Decatur Lane

Mailing Address	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
City Wayland	State MA	ZIP 01778	Country US

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name Edward G. (first and middle [if any])	Family Name Fey or Surname
---	-------------------------------

Inventor's Signature	Date		
Residence: City Boston	State MA	Country US	Citizenship US

Mailing Address 42 Commonwealth Avenue, Apartment 3

Mailing Address	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
City Boston	State MA	ZIP 02116	Country US

— Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Country USA	Telephone (404) 873-8794	Fax (404) 873-8795

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Mailing Address Eight Decatur Lane	
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name Edward G. (first and middle [if any])	Family Name Fey or Surname
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Inventor's Signature Edward G.	Date 6/20/2001
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Residence: City Boston	State MA	Country US	Citizenship US
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